



**Montana Public Safety Officer Standards & Training Council**  
2260 Sierra Road East  
Helena, MT 59602  
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[www.doj.mt.gov/enforcement/post](http://www.doj.mt.gov/enforcement/post)

## DECLARATION OF MEDICAL CONDITION

7-32-303(g), M.C.A.

### APPLICANT INFORMATION

1. First Name	2. M.I.	3. Last Name	4. Suffix (Jr., etc.)	5. DOB
6. Home Mailing Address		7. City	8. State	9. Zip Code

### APPOINTMENT AND DEPARTMENT INFORMATION

10. Appointing Agency				
11. Agency Mailing Address		12. City	13. State	14. Zip Code
15. County	16. Phone Number		17. Fax Number	

**Attention Examining Professional:**

The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

I certify that I have completed my examination of the examinee and have concluded that on this date the examinee is found to be physically qualified for service as a peace officer in Montana.

Physician: \_\_\_\_\_  
Printed Name                      State License Number                      Phone Number

Mailing Address: \_\_\_\_\_  
Street                      City                      State                      Zip

\_\_\_\_\_  
Date of Examination(s)                      Signature                      Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.**